

JAN 05 2006

Atty Docket No. 018158-011610US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Michael A. LYONS

Group Art Unit 2877

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**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER Michael A. LYONS**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of JOHN K. SHIMMICK, Application No. 10/601,119, filed June 19, 2003 for INTEGRATED SCANNING AND OCULAR TOMOGRAPHY SYSTEM AND METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal ( 1 page)
2. Amendment (13 pages)

Number of pages being transmitted, including this page: 15

Dated: 1/05/06

  
\_\_\_\_\_  
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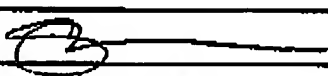
JAN 05 2006

PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/801,119
	Filing Date	June 19, 2003
	First Named Inventor	SHIMMICK, JOHN K.
	Art Unit	2877
	Examiner Name	Michael A. LYONS
	Attorney Docket Number	018158-011610US
Total Number of Pages in This Submission		14

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	John K. Shimmick		
Date	01/05/06	Reg. No.	44,335

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PATENT  
Attorney Docket No.: 018158-011610US  
Client Ref. No.: VX-1098

TOWNSEND and TOWNSEND and CRBW LLP

By:   
Shemekia N. Brown

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

JOHN K. SHIMMICK

Application No.: 10/601,119

Filed: June 19, 2003

For: INTEGRATED SCANNING AND  
OCULAR TOMOGRAPHY SYSTEM  
AND METHOD

Customer No.: 20350

Confirmation No. 6002

Examiner: Michael A. LYONS

Technology Center/Art Unit: 2877

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 10/06/05, please enter the following  
amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this  
paper.

Remarks/Arguments begin on page 10 of this paper.